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ADOPTION INTAKE FORM

DATE: _____ CAUSE NO.: _____

Child(ren)'s Names and DOB:

INTAKE INFORMATION

1. ADULT (Circle: Biological or Step or Other Relative)

Name: _____ DOB: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(H) _____ (W) _____ (Cell.) _____ (Fax): _____

(E-mail) _____
Relationship to child/ren: _____

2. ADULT (IF APLICABLE) (Circle: Biological or Step or Other Relative)

Name: _____ DOB: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(H) _____ (W) _____ (Cell.) _____ (Fax): _____

(E-mail) _____

3. ATTORNEY

Name: _____ Legal Assistant: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(W) _____ (Fax): _____ (E-mail) _____

4. CHILD'S ATTORNEY (IF APLICABLE)

Name: _____ Legal Assistant: _____
Street: _____ City _____ State: ____ Zip: _____
Phone:(W) _____ (Fax): _____ (E-mail) _____